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YOUNG & TE 209 Madison Str Suite 500	I he Star add tran	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United  States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
ALEXANDRIA	, VA 22314						(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/582,627	10/582,627 05/31/2007		Hiroshi Yokota		8051-1037		2782
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APPLN, TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	11/13/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
GROUP, KARL E		1793	501-096400	-			
<ol> <li>Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF The Address of the PRINTED OF THE P</li></ol>			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or 2 registered patent atto- listed, no name will be	of a single firm (having as a member a somey or agent) and the names of up to patent attorneys or agents. If no name is ne will be printed.			
	ess an assignee is identi n in 37 CFR 3.11. Comp			atent. If an assigne assignment.			ocument has been filed for
DENKI KAGAKU KOGYO KABUSHIKI KAISHA TOKYO, JAPAN							
lease check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛚 Co	rporati	on or other private gro	up entity 🔲 Government
ia. The following fee(s) a  Issue Fee  Publication Fee (N Advance Order - #	o small entity discount p f of Copies	b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).					
. Change in Entity Stat	us (from status indicated	above)				NECESSARY	
	SMALL ENTITY statu		b. Applicant is no lon	ger claiming SMAL	L ENT	TTY status. See 37 CF	R 1.27(g)(2).
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Authorized Signature		Date October 30, 2009					
Typed or printed name Benoit Castel			Registration No. 35,041				
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